

Visa/Master Card #:_

Signature authorizes City of Troy to charge your credit card for party costs and expenses incurred after initial payment.

TROY COMMUNITY CENTER BIRTHDAY PARTY RESERVATION FORM

3179 Livernois, Troy, MI 48083 Phone: 248.524.3484; Fax: 248.689.6497 www.troymi.gov/parksrec

Reservation	#	
Staff Initials		
Date		

Applicant's Name		E-mail					
Address	City			Zip Code			
Daytime Phone	Evening Phone			Surprise: Yes No			
Date Requested Name of	Name of Birthday Child			Age on Birthday			
Favorite Colors Circle up to 3: Green Yel	low Red Blue	Bright Blue	Pink Purple	Circle One:	Boy Girl		
Pick Your Party Time: Party Room is available for Friday 6:30 - 9:00 pm (portion party, make seems)	Satiool only)	urday 80 am - 2:00 pm 90 pm - 3:30 pm 80 pm - 5:00 pm d customiz	(pool only)	2:30 - 5:00 pm	(pool only)		
Pure Fun # Guest in Package Pure Fun includes: Invitations, 1 ½ hours in pool or gym, hour in p centerpiece, table coverings for the kids and cake table (if you bring cake)	arty room, birthday		Items - Activit				
□ \$120 Pass Holder (12 guests), \$7 per person add □ \$130 Resident (12 guests), \$8 per person add □ \$145 Non-resident (12 guests), \$9 per person add Pick your type of fun (for both see Party Plus): □ Pool Party □ Gym Party Food options are not available with this package, please see All Smill	litional guests litional guests Add Correct For	Extra large pizzas w/ one topping, not available with Pure Fun \$12 Cheese Meat Veggie Additional 2-liter beverages, not available with Pure Fun \$3 Coke Diet Coke Root Beer Sprite Lemonade Apple Juice (Add \$2) For salads please inquire at time of booking with party planner. You are welcome to bring a Birthday Cake to the celebration. Remember the candles, server, matches, plates an forks. No other outside food or beverages is permitted. Important to Know: Please note cakes may be brought in to any party, don't forget your paper products, silver wear, candles and matches. No food other than cake may be brought into the facility. Drinks are available for purchase. All parties end in the Birthday Room. Party Hostess will great you, review the celebration plan, assist with serving (if the package includes food) and return to clean up. Please remind guest to bring towels for showers or the pool and a lock if lockers will be used. Refunds will be not be issued for parties cancelled within a week of the scheduled party date. Parent/Child Ratios: Ratios (please ensure you have adequate supervision for safety and enjoyment)					
All Smiles # Guest in Package All Smiles # Guest in Package All Smiles includes: Invitations, 1 ½ hours in pool or gym, hour in part centerpiece, table coverings for the kids and cake table (if you bring cake) per guest, plates and napkins for pizza, cups, two-2 liter beverages a \$165 Pass Holder (12 guests), \$10 per person add \$175 Resident (12 guests), \$11 per person add \$195 Non-resident (12 guests), \$12 per person add Choice of 2 extra large pizzas w/ one topping (12 slie) Cheese Meat Veggie Choice of two 2-liter beverages:	by room, birthday o, pizza –two slices and goodie bags. ditional guests ditional guests ditional guests ces/pizza)						
□Coke □Diet Coke □Root Beer □Sprite □Lemonade □Apple □Pick your type of fun (for both see Party Plus): □ Pool Party □ Gym Party This application is not valid until authorized by the City of Troincludes a \$60 non-refundable deposit at time of reservation. Reparty. All parties end in Birthday Room. Final headcount is due including parents directly supervising children in the water. Outs	y and signed below as ackr efunds will not be issued for and must be paid for 96 hou	 Under 10 years of a dren under 52" mus 10 - 17 years of ag nowledgment and agree parties cancelled with irs in advance. All rule	age = 1 to 5 adult/child rast have an adult in the wase = 1 to 10 adult/child rast ement to all the terms in a week of the party is and adult/child ratios	atio. Must directly superater an arms length awaitio. Must directly superand conditions. Paydate. Final count red	ervise. Any chil- vay. vrvise. rment is due in full a quired 96 hours prior		
Applicant 's Signature:		The state of the s	,				

Expiration Date:____

9/2012